Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL QUALITY MEASURES CLEARINGHOUSE

General

Title

Use of first-line psychosocial care for children and adolescents on antipsychotics: percentage of children and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Clinical Quality Measure: Access

Brief Abstract

Description

This measure is used to assess the percentage of children and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Rationale

Although antipsychotic medications may serve as effective treatment for a narrowly defined set of psychiatric disorders in children, they are often being prescribed for nonpsychotic conditions such as

attention-deficit hyperactivity disorder and disruptive behaviors (McKinney & Renk, 2011; Cooper et al., 2004; Olfson et al., 2006), conditions for which psychosocial interventions are considered first-line treatment (Kutcher et al., 2004; Pappadopulos et al., 2011). Thus, clinicians may be underutilizing safer first-line psychosocial interventions and using antipsychotics for nonprimary indications in children and adolescents.

Antipsychotic medications are associated with a number of potential adverse impacts, including weight gain (Andrade et al., 2011) and diabetes (Bobo et al., 2013; Correll, 2008), which can have serious implications for future health outcomes. Children without primary indication for an antipsychotic and who are not given the benefit of a trial of psychosocial treatment first, may unnecessarily incur the risks associated with antipsychotic medications. Mental health conditions in youth are associated with a number of potential adverse effects, including increased risk for substance use (Substance Abuse and Mental Health Services Administration [SAMHSA], 2007). To the extent that psychosocial interventions are associated with better outcomes (Jensen et al., 2001; Eyberg, Nelson, & Boggs, 2008; Schimmelmann et al., 2013), underuse of these therapies may lead to poorer mental and physical health outcomes.

In the absence of a U.S. Food and Drug Administration indication for an antipsychotic medication, guidelines recommend that psychosocial treatments be provided prior to initiating an antipsychotic (American Academy of Child and Adolescent Psychiatry [AACAP], 2011; Gleason et al., 2007; Scotto Rosato et al., 2012). Guidelines for individual conditions that recommend use of antipsychotics in the absence of a primary indication address the use of psychosocial interventions prior to use of an antipsychotic. Treatment guidelines for management of aggression (Scotto Rosato et al., 2012) and disruptive behavior disorders all endorse psychosocial interventions as first-line treatment.

Evidence for Rationale

American Academy of Child and Adolescent Psychiatry (AACAP). Practice parameter for the use of atypical antipsychotic medications in children and adolescents. Washington (DC): American Academy of Child and Adolescent Psychiatry (AACAP); 2011. 27 p.

Andrade SE, Lo JC, Roblin D, Fouayzi H, Connor DF, Penfold RB, Chandra M, Reed G, Gurwitz JH. Antipsychotic medication use among children and risk of diabetes mellitus. Pediatrics. 2011 Dec;128(6):1135-41. PubMed

Bobo WV, Cooper WO, Stein CM, Olfson M, Graham D, Daugherty J, Fuchs DC, Ray WA. Antipsychotics and the risk of type 2 diabetes mellitus in children and youth. JAMA Psychiatry. 2013 Oct;70(10):1067-75. PubMed

Cooper WO, Hickson GB, Fuchs C, Arbogast PG, Ray WA. New users of antipsychotic medications among children enrolled in TennCare. Arch Pediatr Adolesc Med. 2004 Aug;158(8):753-9. PubMed

Correll CU. Antipsychotic use in children and adolescents: minimizing adverse effects to maximize outcomes. Focus (Am Psychiatr Publ). 2008;6(3):368-78.

Eyberg SM, Nelson MM, Boggs SR. Evidence-based psychosocial treatments for children and adolescents with disruptive behavior. J Clin Child Adolesc Psychol. 2008 Jan;37(1):215-37. PubMed

Gleason MM, Egger HL, Emslie GJ, Greenhill LL, Kowatch RA, Lieberman AF, Luby JL, Owens J, Scahill LD, Scheeringa MS, Stafford B, Wise B, Zeanah CH. Psychopharmacological treatment for very young children: contexts and guidelines. J Am Acad Child Adolesc Psychiatry. 2007 Dec;46(12):1532-72. PubMed

Jensen PS, Hinshaw SP, Swanson JM, Greenhill LL, Conners CK, Arnold LE, Abikoff HB, Elliott G,

Hechtman L, Hoza B, March JS, Newcorn JH, Severe JB, Vitiello B, Wells K, Wigal T. Findings from the NIMH Multimodal Treatment Study of ADHD (MTA): implications and applications for primary care providers. J Dev Behav Pediatr. 2001 Feb;22(1):60-73. PubMed

Kutcher S, Aman M, Brooks SJ, Buitelaar J, van Daalen E, Fegert J, Findling RL, Fisman S, Greenhill LL, Huss M, Kusumakar V, Pine D, Taylor E, Tyano S. International consensus statement on attention-deficit/hyperactivity disorder (ADHD) and disruptive behaviour disorders (DBDs): clinical implications and treatment practice suggestions. Eur Neuropsychopharmacol. 2004 Jan;14(1):11-28. [120 references] PubMed

McKinney C, Renk K. Atypical antipsychotic medications in the management of disruptive behaviors in children: safety guidelines and recommendations. Clin Psychol Rev. 2011 Apr;31(3):465-71. PubMed

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Olfson M, Blanco C, Liu L, Moreno C, Laje G. National trends in the outpatient treatment of children and adolescents with antipsychotic drugs. Arch Gen Psychiatry. 2006 Jun;63(6):679-85. PubMed

Pappadopulos E, Rosato NS, Correll CU, Findling RL, Lucas J, Crystal S, Jensen PS. Experts' recommendations for treating maladaptive aggression in youth. J Child Adolesc Psychopharmacol. 2011 Dec;21(6):505-15. PubMed

Schimmelmann BG, Schmidt SJ, Carbon M, Correll CU. Treatment of adolescents with early-onset schizophrenia spectrum disorders: in search of a rational, evidence-informed approach. Curr Opin Psychiatry. 2013 Mar;26(2):219-30. PubMed

Scotto Rosato N, Correll CU, Pappadopulos E, Chait A, Crystal S, Jensen PS, Treatment of Maladaptive Aggressive in Youth Steering Committee. Treatment of maladaptive aggression in youth: CERT guidelines II. Treatments and ongoing management. Pediatrics. 2012 Jun;129(6):e1577-86. PubMed

Substance Abuse and Mental Health Services Administration (SAMHSA). NSDUH Report: depression and the initiation of alcohol and other drug use among youths aged 12 to 17. Rockville (MD): Substance Abuse and Mental Health Services Administration (SAMHSA); 2007 May 3. 4 p.

Primary Health Components

Antipsychotic medication; psychosocial care; children; adolescents

Denominator Description

Children and adolescents age 1 to 17 years as of December 31 of the measurement year, with a Negative Medication History, who were dispensed an antipsychotic medication during the Intake Period (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Documentation of psychosocial care in the 121-day period from 90 days prior to the Index Prescription Start Date (IPSD) through 30 days after the IPSD (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Managed Care Plans

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age 1 to 17 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

Case Finding Period

January 1 through December 1 of the measurement year

Denominator Sampling Frame

Enrollees or beneficiaries

Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

Therapeutic Intervention

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions
Children and adolescents age 1 to 17 years as of December 31 of the measurement year, with a Negative Medication History, who were dispensed an antipsychotic medication during the Intake Period. Refer to Table APP-A in the original measure documentation for a list of antipsychotic medications.

Note:

> Members must have been continuously enrolled 120 days (4 months) prior to the Index Prescription Start Date (IPSD) through 30 days after the IPSD with no gaps in enrollment.
> *IPSD*: The earliest prescription dispensing date for an antipsychotic medication where the date is in the Intake Period and there is a Negative Medication History.
> *Negative Medication History*: A period of 120 days (4 months) prior to the IPSD when the member had no antipsychotic medications dispensed for either new or refill prescriptions.

Exclusions
Exclude members for whom first-line antipsychotic medications may be clinically appropriate. Any of the following during the measurement year meet criteria:

- At least one acute inpatient encounter with a diagnosis of schizophrenia, bipolar disorder or other psychotic disorder during the measurement year. Any of the following code combinations meet criteria:
  - BH Stand Alone Acute Inpatient Value Set *with* Schizophrenia Value Set
  - BH Stand Alone Acute Inpatient Value Set *with* Bipolar Disorder Value Set
  - BH Stand Alone Acute Inpatient Value Set *with* Other Psychotic Disorders Value Set
  - BH Acute Inpatient Value Set *with* BH Acute Inpatient POS Value Set *and* Schizophrenia Value Set
  - BH Acute Inpatient Value Set *with* BH Acute Inpatient POS Value Set *and* Bipolar Disorder Value Set
  - BH Acute Inpatient Value Set *with* BH Acute Inpatient POS Value Set *and* Other Psychotic Disorders Value Set
- At least two visits in an outpatient, intensive outpatient or partial hospitalization setting, on different dates of service, with a diagnosis of schizophrenia, bipolar disorder or other psychotic disorder during the measurement year. Any of the following code combinations meet criteria:
  - BH Stand Alone Outpatient/PH/IOP Value Set *with* Schizophrenia Value Set
  - BH Outpatient/PH/IOP Value Set *with* BH Outpatient/PH/IOP POS Value Set *and* Schizophrenia Value Set
  - BH Stand Alone Outpatient/PH/IOP Value Set *with* Bipolar Disorder Value Set

BH Outpatient/PH/IOP Value Set *with* BH Outpatient/PH/IOP POS Value Set *and* Bipolar Disorder Value Set
BH Stand Alone Outpatient/PH/IOP Value Set *with* Other Psychotic Disorders Value Set
BH Outpatient/PH/IOP Value Set *with* BH Outpatient/PH/IOP POS Value Set *and* Other Psychotic Disorders Value Set

Value Set Information
Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the NCQA Web site to purchase HEDIS Volume 2, which includes the Value Set Directory.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions
Documentation of psychosocial care (Psychosocial Care Value Set) in the 121-day period from 90 days prior to the Index Prescription Start Date (IPSD) through 30 days after the IPSD

Exclusions
Unspecified

Value Set Information
Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the NCQA Web site to purchase HEDIS Volume 2, which includes the Value Set Directory.

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

This measure requires that separate rates be reported for commercial and Medicaid product lines.

Report three age stratifications and a total rate:

- 1 to 5 years
- 6 to 11 years
- 12 to 17 years
- Total

The total is the sum of the age stratifications.

Standard of Comparison

not defined yet

Identifying Information

Original Title

Use of first-line psychosocial care for children and adolescents on antipsychotics (APP).

Measure Collection Name

HEDIS 2016: Health Plan Collection

Measure Set Name

Access/Availability of Care

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Oct

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Measure Availability

Source available for purchase from the National Committee for Quality Measurement (NCQA) Web site .

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

Companion Documents

The following is available:

> National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on April 15, 2015.

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Copyright Statement

Production

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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